

# Disability discrimination claim by young person after permanent exclusion

If you have been permanently excluded but you are **not** asking for reinstatement please use **Form 4B** instead.

Use this form **only** if you can tick all three of these boxes.

- ☐ I am over compulsory school age\*
 ☐ I have been permanently excluded (for a state school this means the governing body has upheld my permanent exclusion) from my school
 ☐ I want an order for me to be reinstated

Please use black ink and write as clearly as you can if completing by hand.

## Section 1: About you

### Your details

- ☐ Mr   ☐ Mrs   ☐ Miss   ☐ Ms  
☐ Other \_\_\_\_\_

Surname

First name(s)

Date of birth

  /   /    

☐ Male

☐ Female

Address

Postcode

     

Telephone number(s) (include any mobile)

Email

### Who should receive information about your claim?

Tick one box only.

- ☐ You                      ☐ Your Representative

### If you have a representative, please give details

- ☐ Mr   ☐ Mrs   ☐ Miss   ☐ Ms  
☐ Other \_\_\_\_\_

Surname

First name(s)

Professional status (e.g. solicitor, friend)

Is your representative legally qualified?

- ☐ Yes   ☐ No

Address

Postcode

     

Telephone number(s)

Email

Fax

\* You reach this age on the last Friday in June in the academic year you turn 16 (the academic year ends at the end of August). More detail is given in the Tribunal's *Guide to making a disability discrimination claim against a school - a guide for a young person who wants to make a claim*.

## Section 2: Details of who the claim is against

Name of the school you are claiming against

Address of the school you are claiming against

Postcode

Type of school

- ☐ Maintained by local authority (state name of authority)
- ☐ Academy/free school
- ☐ Independent (Private) school

## Section 3: Information about your exclusion

Have you applied to an **Independent Review Panel** for a review of the decision?

☐ Yes  
If Yes, please complete the questions below.

☐ No  
If No, please go to the box asking for more information about the exclusion.

Has the Independent Review Panel made a decision or recommendation?

☐ Yes  
If Yes, please answer the next two questions:

☐ No  
If No, we cannot fast-track your claim. We will put it on hold until you tell us the Panel's decision. Please now complete the rest of the form.

What was the decision of the Independent Review Panel?

What action has the school taken in response?

**Please give us some more information about the exclusion.**

The reasons given by the Head (or his/her member of staff) for the permanent exclusion, and your comments on those reasons:

The reasons given by the Governing Body for upholding the exclusion, and your comments on those reasons:

Why do you think the permanent exclusion is connected to your disability?

Why do you think the exclusion was wrong?

If you need more space please continue on a separate sheet of paper but make sure that it is firmly attached to the form.

## Section 4: Are you making any other claims against this school?

If you have additional discrimination claims against this school, please provide details. Leave blank any parts which do not apply. If there is not enough space, use page 7 or continue on a separate sheet of paper.

**Do not complete any of Section 4 if your only claim relates to the permanent exclusion.**

### I have been excluded for one or more fixed terms

Please give the start and end date for each exclusion and, briefly, the reasons given by the school for the exclusions (e.g. "The head teacher said I assaulted another pupil").

#### Exclusion 1

#### Exclusion 2

#### Exclusion 3

### I was excluded from one or more school trips or activities

Please give a brief description of each trip or event (e.g. "residential trip to Derbyshire") with dates of the trip and date of any decision or decisions about that trip or event.

#### Trip/event 1

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**Trip/event 2**

**Trip/event 3**

**I have experienced unfavourable treatment**

Please describe briefly each instance of unfavourable treatment (e.g. "I was given after school detention").  
Give dates as precisely as possible.

**Unfavourable treatment 1**

**Unfavourable treatment 2**

**Unfavourable treatment 3**

continued over the page ➞

**I was disadvantaged because the school failed to make reasonable adjustments**

Describe briefly the disadvantage to you, the particular adjustment(s) which were needed, when they should have been put in place, and what was done instead.

**Adjustment 1**

**Adjustment 2**

**Adjustment 3**

**I am claiming because of some other discriminatory act(s) by the school**

Please give brief detail, including dates, of any other claims of discrimination by this school.

**More detail about your other claims**

Use the box below if you did not have room to list all your additional claims. Please give more detail about each of the claims, in particular:

- **what** happened, **who** was involved, and **when**
- **why** what happened related to your disability, (or the disability of someone you are associated with)
- **how** the school should have acted instead
- which **documents** are important (see also Section 7 below)

**Section 5: Your disability**

Please describe your disability and explain how it affects you on a day-to-day basis. A copy of any medical or professional diagnosis, and any statement of special educational needs, should be included. (If you are claiming that you have been discriminated against because of **another person’s disability** please give details about that person’s disability and the relationship of that person to you.)

If you need more space please continue on a separate sheet of paper but make sure that it is firmly attached to the form.

**Section 6: Late claims**

For a permanent exclusion claim the six months starts with the date the exclusion was upheld by the governing body, or, if applicable, the date when an Independent Review Panel sent you its decision. If you are making any other claims, it means the date of the act of discrimination, or the date when the school decided not to do something. If there was a series of connected acts, it means the date of the most recent one.

**If your claim is late, please explain here why the claim is late and why it is important that it should be accepted.**  
**If your claim is not late, please go straight to Section 7.**

If you need more space please continue on a separate sheet of paper but make sure that it is firmly attached to the form.



## Section 7: Putting things right – governing body or proprietor

The Tribunal has no power to order a school to pay you compensation. It can only make orders against the responsible body (normally the governing body or proprietor) for a school, not against an individual.

**If the Tribunal decides in your favour, what would you like it to order?** You may like to add why you think any order you are asking for is appropriate.

If you need more space please continue on a separate sheet of paper but make sure that it is firmly attached to the form.

## Section 8: Documents you need to send with your claim

Depending on the basis of your claim, we need copies of the following documents, if you have them:

1. Documents provided by the school setting out any decision it made which forms part of your claim (e.g. an exclusion letter from the head teacher, minutes of a meeting about you)
2. Any document which helps the Tribunal to understand your disability (e.g. a statement of special educational needs, a relevant medical report, an assessment by a therapist or psychologist)
3. Correspondence with the school about the issues in the claim
4. Other educational documents, for example your school report, individual educational plan, school policies
5. Other documents (for example a statement from another parent, another organisation)

Please list the documents you are sending with the claim, the date of each document and number of pages, its author (if known), and, if it is not obvious, why the document is relevant.

Date of document and number of pages	Name of person who signed or wrote it (or type of document)	What is the relevance of this document?

If you need more space please continue on a separate sheet of paper but make sure that it is firmly attached to the form.

## Section 9: Special requirements

If you or another person have any special requirements, including adjustments which may be needed at the place the hearing is held, please tell us in the box below.

## Section 10: Other appeal or claim

Do you have an other claim or appeal with the Special Education Needs and Disability?

☐ No

☐ Yes, date sent / /  claim/appeal number

## Section 11: Sign below

If someone else is handling this claim for you, they can sign here but they must send us your signed authority or proof that you do not have capacity to handle this claim.

☐ Before you sign, please tick this box to confirm that you have either filled in this form yourself or that someone else did this for you and you agree with what they have written.

<b>Your signature</b>	
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**Or**

<b>Your solicitor's signature</b> (a qualified lawyer can sign on your behalf with your permission)	
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Date / /

## Section 12: Sending us your claim

When you have completed the claim form and signed it, please make sure you keep your own copy, and then send it and all other relevant documents to:

HM Courts & Tribunals Service  
Special Educational Needs and Disability  
1st Floor  
Darlington Magistrates' Court, Parkgate  
DL1 1RU

Or email it with electronic copies of all the necessary documents to  
sendistqueries@hmcts.gsi.gov.uk

Phone: 01325 289350

Email: sendistqueries@hmcts.gsi.gov.uk

Fax: 0870 739 4017